Test request form

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| --- | --- | --- | --- | --- | --- |
| TO: |  | | Contact: |  | |
| CC |  | | Test Request Number: |  | |
|  | |  | | |  |
| PROJECT: | |  | | | PAGE 1 OF 1 |

* When required, in accordance with the contract documents, order the conformance testing in WRITING DIRECTLY from the Panel Period Contractors.
* Should the next Panel Period Contractor on the list *not* be available to perform the required testing, notify the Superintendent immediately.
* Give the Panel Period Contractor written notice in advance of each stage of the works requiring conformance testing, including re-testing.
* Notice – Provide the Superintendent with a copy of the order for testing simultaneously with the order being sent to the Panel Period Contractor.
* Any communication with the Panel Period Contractors, other than the ordering of testing or inquiring on the timing of test results must be forwarded through the Superintendent.
* Provide the Superintendent with the results of process control testing as identified in the relevant ITP with all requests for conformance testing.
* Notice – Notify the Superintendent prior to any rework of failed lots.

DATE & Time test REQUIRED:

Lot Number:

Start chainage:

Finish chainage:

Width (m):

Length (m):

Test & Layer depth:

layer type:

Tests REQUIRED (tick required tests):

□ Field Density □ Concrete □ Slump

□ Particle Size Distribution □ Cylinders

□ Plasticity Index (incl Linear Shrinkage) □ Flakiness/ALD

□ CBR □ Other …………………………………

CONTRACTOR: CONTACT NO:

DATE & TIME: FAX NO: